

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8		1				
9	1					
10	2					
11	2					
12	1					
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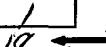
TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS



SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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DEP.

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CLAIMS

